

UNITED STATES DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 18 1960

-60-028720

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6278

ENDED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b Life		c. CITY OR TOWN Florissant 4000		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) # 4 St. Thomas Court	
3. NAME OF DECEASED (Type or print) First MARCELLA Middle PREUSS Last				4. DATE OF DEATH June 19th, 1960 Month Day Year			
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-15-08	9. AGE (last birthday) 51	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Insurance		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Henry Hammacker		13b. MOTHER'S MAIDEN NAME Mayme Milgus		14. NAME OF HUSBAND OR WIFE Frank Preuss			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Frank Preuss, # 4 St. Thomas Ct., Florissant, Mo Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Incarcerated Intercranial Pressure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Massive Cerebral Hemorrhage DUE TO (c) Brain Tumor 193.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of Left Breast Mammaries PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown						INTERVAL BETWEEN ONSET AND DEATH one week one month undetermined	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from MAY 31, 1960 to JUNE 19, 1960 and last saw her alive on JUNE 19, 1960 Death occurred at 6:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Thomas Whelan M.D.		(Degree or title)		22b. ADDRESS 525 St. Francis St. Florissant Mo		22c. DATE SIGNED 6-20-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-22-60	23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		23d. LOCATION (City, town, or county) St. Louis, Missouri		(State)	
24. FUNERAL DIRECTOR CALVIN F. FEUTZ		ADDRESS 4828 Natural Bridge Blvd., St. Louis, 15, Missouri		25. DATE RECD. BY LOCAL REG. JUN 20 1960		26. REGISTRAR'S SIGNATURE Paul Smith, M.D. mfb	

(Licensed Embalmer's Statement on Reverse Side)

Questioned & signed by 2 - Underlying Cause DOCUMENTED BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.